

**Title 19—DEPARTMENT OF
HEALTH AND SENIOR SERVICES
Division 30—Division of Regulation
and Licensure
Chapter 86—Residential Care Facilities
and Assisted Living Facilities**

19 CSR 30-86.045 Standards and Requirements for Assisted Living Facilities Which Provide Services to Residents with a Physical, Cognitive, or Other Impairment that Prevents the Individual from Safely Evacuating the Facility with Minimal Assistance

PURPOSE: This rule establishes the additional standards for those residential care facilities II which admit or continue to care for residents who are physically capable but mentally incapable of negotiating a pathway to safety due to Alzheimer's disease or other dementia.

PUBLISHER'S NOTE: The secretary of state has determined that the publication of the entire text of the material which is incorporated by reference as a portion of this rule would be unduly cumbersome or expensive. This material as incorporated by reference in this rule shall be maintained by the agency at its headquarters and shall be made available to the public for inspection and copying at no more than the actual cost of reproduction. This note applies only to the reference material. The entire text of the rule is printed here.

Editor's Note: All rules relating to long-term care facilities licensed by the department are followed by a Roman Numeral notation which refers to the class (either Class I, II or III) of standard as designated in section 198.085.1, RSMo.

(1) This rule contains the additional standards for those assisted living facilities licensed pursuant to sections 198.005 and 198.073, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and complying with sections 198.073.4 and 198.073.6, RSMo (CCS HCS SCS SB 616, 93rd General Assembly, Second Regular Session (2006)) and 19 CSR 30-86.047 that choose to admit or continue to care for any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance.

(2) Definitions. For the purposes of this rule, the following definitions shall apply:

(A) Area of refuge—A space located in or immediately adjacent to a path of travel leading to an exit that is protected from the effects of fire, either by means of separation from other spaces in the same building or its location, permitting a delay in evacuation. An area of refuge may be temporarily used as a staging area that provides some relative safety to its occupants while potential emergencies are assessed, decisions are made, and evacuation has begun;

(B) Evacuating the facility—The act of the resident going from one (1) smoke section to another within the facility, going to an area of refuge within the facility, or going out of the facility;

(C) Individualized evacuation plan—A plan to remove the resident from the facility, to an area of refuge within the facility or from one (1) smoke section to another within the facility. The plan is specific to the resident's needs and abilities based on the current community based assessment;

(D) Minimal assistance—

1. Is the criterion which determines whether or not staff must develop and include an individualized evacuation plan as part of the resident's service plan;

2. Minimal assistance may be the verbal intervention that staff must provide for a resident to initiate evacuating the facility;

3. Minimal assistance may be the physical intervention that staff must provide, such as turning a resident in the correct direction, for a resident to initiate evacuating the facility;

4. A resident needing minimal assistance is one who is able to prepare to leave and then evacuate the facility within five (5) minutes of being alerted of the need to evacuate and requires no more than one (1) physical intervention and no more than three (3) verbal interventions of staff to complete evacuation from the facility;

5. The following actions required of staff are considered to be more than minimal assistance:

A. Assistance to traverse down stairways;

B. Assistance to open a door; and

C. Assistance to propel a wheelchair;

(E) Resident, only for the purpose of this rule, means any individual having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility with minimal assistance who is admitted to or continues to be cared for in the facility under the provisions of this rule; and

(F) Smoke section—A fire-rated separation of one (1) section of the building from the rest of the building.

(3) General Requirements. I/II

(A) If the facility admits or retains any individual needing more than minimal assistance due to having a physical, cognitive or other impairment that prevents the individual from safely evacuating the facility, the facility shall:

1. Meet the fire safety requirements of 19 CSR 30-86.022(16); I/II

2. Take necessary measures to provide residents with the opportunity to explore the facility and, if appropriate, its grounds; II

3. Use a personal electronic monitoring device for any resident whose physician recommends the use of such device; II

4. Have sufficient staff present and awake twenty-four (24) hours a day to assist in the evacuation of all residents; I/II

5. Include an individualized evacuation plan in the resident's individual service plan; II

6. At a minimum the evacuation plan shall include the following components:

A. The responsibilities of specific staff positions in an emergency specific to the individual; II

B. The fire protection interventions needed to ensure the safety of the resident; and II

C. The plan shall evaluate the resident for his or her location within the facility and the proximity to exits and areas of refuge. The plan shall evaluate the resident, as applicable, for his or her risk of resistance, mobility, the need for additional staff support, consciousness, response to instructions, response to alarms, and fire drills; II

7. The resident's evacuation plan shall be amended or revised based on the ongoing assessment of the needs of the resident; II

8. Those employees with specific responsibilities shall be instructed and informed regarding their duties and responsibilities under the resident's evacuation plan at least every six (6) months and upon any significant change in the plan; II

9. A copy of the resident's evacuation plan shall be readily available to all staff; and II

10. Comply with all requirements of this rule. I/II

(4) Physical Design and Fire Safety Requirements.

(A) All facilities must comply with the following requirements:

1. The facility shall be equipped with a complete electrically supervised fire alarm system in accordance with the provisions of subsection 13-3.4 of the 1997 *Life Safety Code for Existing Health Care Occupancy*, incorporated herein by reference and available from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101. This rule does not incorporate any subsequent amendments or additions to these materials. At a minimum the system shall include smoke detectors located no more than thirty feet (30') apart in corridors with no point in the corridor located more than fifteen feet (15') from a smoke detector. The fire alarm system shall be equipped to automatically transmit an alarm to the fire department; I/II

2. Each floor used for resident bedrooms shall be divided into at least two (2) smoke sections by one (1)-hour rated smoke stop partitions. No smoke section shall exceed one hundred fifty feet (150') in length. At a minimum, openings in smoke stop partitions shall be protected by one and three-fourths inches (1 3/4")-thick solid core wood doors or labeled, fire rated doors with an equivalent or greater fire rating. The doors shall be equipped with closures and if held open, shall be equipped with magnetic hold-open devices that automatically release upon activation of the fire alarm system. Any duct passing through this smoke wall shall be equipped with automatic resetting smoke dampers that are activated by the fire alarm system. Smoke dampers are not required where both smoke sections are protected throughout the entire section by quick response sprinklers on an NFPA 13 system. Smoke partitions shall extend from outside wall-to-outside wall and from floor-to-floor or floor-to-roof deck; and II

3. In addition to the requirements at paragraphs (4)(A)1. and 2. of this rule, all facilities shall be equipped with a complete automatic sprinkler system installed and maintained in accordance with the following:

A. The 1996 edition of the National Fire Protection Association (NFPA) 13, *Standard for the Installation of Sprinkler Systems* (1996 edition of NFPA 13); or

B. The 1996 edition of NFPA 13R, *Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height* (1996 edition of NFPA 13R), which are incorporated herein by reference and available from the National Fire Protection Agency, 1 Batterymarch Park, Quincy, MA 02269-9101. This rule does not incorporate any subsequent amendments or additions to these materials; and

C. Single story facilities must comply with either NFPA 13 or NFPA 13R;

D. Multistory facilities must comply with NFPA 13. I/II

(5) Staffing Requirements.

(A) The facility shall have an adequate number and type of personnel for the proper care of residents and upkeep of the facility. At a minimum, the staffing pattern for fire safety and care of residents shall be one (1) staff person for every fifteen (15) residents or major fraction of fifteen (15) during the day shift, one (1) person for every fifteen (15) residents or major fraction of fifteen (15) during the evening shift and one (1) person for every twenty (20) residents or major fraction of twenty (20) during the night shift. I/II

Time	Personnel	Residents
7 a.m. to 3 p.m. (Day)*	1	3–15
3 p.m. to 9 p.m. (Evening)*	1	3–15
9 p.m. to 7 a.m. (Night)*	1	3–20

*If the shift hours vary from those indicated, the hours of the shifts shall show on the work schedules of the facility and shall not be less than six (6) hours. III

(B) The required staff shall be in the facility awake, dressed and prepared to assist residents in case of emergency. I/II

(C) The administrator shall count toward staffing when physically present at the facility. II

(D) These staffing requirements are applicable only when the facility actually has in residence one (1) or more residents who require more than minimal assistance in evacuating the facility. II

(E) At a minimum there shall be a licensed nurse employed by the facility to work at least the following hours per week:

3–30 Residents—8 hours

31–60 Residents—16 hours

61–90 Residents—24 hours

91 or more Residents—40 hours. II

(F) The licensed nurse shall be available to assess residents for pain and significant and acute changes in condition. The nurse's duties shall include, but shall not be limited to, review of residents' records, medications and special diets or other orders, review of each resident's adjustment to the facility and observation of each individual resident's general physical, psychosocial and mental status. The nurse shall inform the administrator of any problems noted and these shall be brought to the attention of the resident's physician and legally authorized representative or designee. II/III

AUTHORITY: sections 198.005 and 198.073, RSMo Supp. 2006 and 198.076, RSMo 2000.* This rule originally filed as 13 CSR 15-15.045. Emergency rule filed Dec. 14, 2000, effective Jan. 2, 2001, expired June 30, 2001. Original rule filed Dec. 14, 2000, effective June 30, 2001. Moved to 19 CSR 30-86.045, effective Aug. 28, 2001. Amended: Filed Aug. 23, 2006, effective April 30, 2007.

*Original authority: 198.005, RSMo 2006; 198.073; RSMo 1979, amended 1984, 1992, 1999, 2006; and 198.076, RSMo 1979, amended 1984.